

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Barry E. Wesselowski

Mailing Address 2901 Majestic Dr.

City State Zip Code
Independence KS 67301-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 17 2013

Transaction ID : 20777171

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ada V. Paolucci

Mailing Address Essington Podiatry Group
1960 Essington Rd. #103

City State Zip Code
Joliet IL 60435-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essington Podiatry Group

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 17 2013

Transaction ID : 20777172

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott L. Shindler

Mailing Address 508 James Pl.

City State Zip Code
Yankton SD 57078-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shindler Foot Clinic

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 17 2013

Transaction ID : 20777173

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00